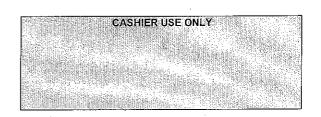


Washington State Department of Agriculture Animal Services Division Office of the State Veterinarian PO Box 42577 Olympia WA 98504-2577 (360) 902-1878



## APPLICATION FOR A SUBSTATION OR PLACE OF TRANSFER LICENSE

FEE: \$25.00 for each substation or place of transfer

and the second s		•				
		APPLICANT I	NFORMATIC	N		
NAME OF OPERATOR				TI	ELEPHONE NUMBER	
				1	1	
FIRM NAME						•
	PHYSICAL LOCATION OF PREMISES					
MAILING ADDRESS			PRYSICAL LOCATION OF PREINISES			
					•	
MAILING CITY, STATE, ZIP			PHYSICAL LOCATI	ON CITY, S	STATE, ZIP	
NAME OF FIRM DEAD ANIM	ALS WILL BE DELIVERED TO			TE	ELEPHONE NUMBER	
,				16	)	
		-		'	,	· · · · · · · · · · · · · · · · · · ·
VEHICLE INFORMATION						
COMPLETE ADDRESS WHE	RE VEHICLES WILL BE GARAGED					NUMBER OF VEHICLES
						·
	<u>-</u>					
VEHICLE #1 YEAR MODEL	VEHICLE #1 MAKE	VEHICLE #1 LICENSE NUMBER	/STATE	VEHICLE	E#1 DESCRIPTION	·
1			·			
VEHICLE #2 YEAR MODEL	VEHICLE #2 MAKE	VEHICLE #2 LICENSE NUMBER/	PTATE	VEHIC: E	#2 DESCRIPTION	
VEHICLE #2 YEAR MODEL	VEHICLE #2 MAKE	VERICLE #2 EICENSE NOWBER	SIAIC	VERICLE	E#2 DESCRIPTION	
VEHICLE #3 YEAR MODEL	VEHICLE #3 MAKE	VEHICLE #3 LICENSE NUMBER/	STATE	ATE VEHICLE #3 DESCRIPTION (ATTACH ADDITIONAL SHEET IF MORE THAN 3 VEHICLES)		
					-	
				1		
	SUBSTATION	OR PLACE OF TRAN	NSFER TERR	RITORY	Y INFORMATI	ON
CITIES TO BE SERVICED COUNTIES TO BE SERVICED						
,			ļ			
		·				
		APPLICANT C	FRTIFICATIO	N		
I hereby certify that animals or animal parts will not be unloaded until delivered to the rendering plant specified above,						
and/or substation or place of transfer. I understand that all licenses expire June 30 <sup>th</sup> of each year.						
SIGNATURE OF APPLICANT				DATE SIGNED		
		•				
-					<u> </u>	

Make check or money order payable to: WSDA

Mail this application with remittance to: Washington State Department of Agriculture

State Veterinarian PO Box 42591

Olympia WA 98504-2591